**Rama Medical College Hospital & Research Centre**

**Mandhana, Kanpur**

# CONSENT FORM

I .....son/daughter/wife of.....exercising my free power of choice, hereby give my consent to be included in the study **"A study to estimate the prevalence of senile cataract disease, its risk, factors and association with APE1, XRCC1, and OGG1 gene polymorphism in Kanpur and Peripheral region."**

**I hereby give my consent for information related to me to be reported in the research study**.

I understand that my name and identity will be concealed.

Once signed, I cannot revoke my consent.

**(To be explaining in detail in native language)**

सहमति फार्म

मैं .....पुत्री /पत्नी/..... स्वयं इस अध्ययन में भाग लेना रहा/रहीं हूं I मैं स्वयं मुझेसे संबंधी सूचना इस अध्ययन कार्य में प्रकाशित करने की सहमति देता/देती हूं I मैं समझता/ समझती हूं कि मेरा पहचान गोपनीय रखी जाएगी।

एक बार हस्ताक्षर के पश्चात मैं सहमति रद्द नहीं कर सकता/ सकती हूं I

सहभागी

नाम:.....

हस्ताक्षर/अगुठे का निशान:.....

दिनाक:.....

## ANNEXURES

## PROFORMA FOR PATIENT INVESTIGATIONS

OPD NUMBER: DATE:

NAME: D/O, S/O NAME:

AGE: AGE:

OCCUPATION: OCCUPATION:

INCOME: INCOME:

ADDRESS:

GENERAL PHYSICAL EXAMINATION:

BUILT & NOURISHMENT: POOR / MODERATE / GOOD

TEMPERATURE: PULSE:

HEIGHT: WEIGHT: BMI:

B.P:

BLOOD GLUCOSE LEVELS:

FASTING: RANDOM:

**THE SOCIO DEMOGRAPHIC PROFILE:**

- RELIGION:
- AREA OF LIVING: RURAL/URBAN
- LITERACY: ILLITERATE/PRIMARY/ SECONDARY/ GRADUATE

- ECONOMY: BELOW POVERTY LINE/ ABOVE POVERTY LINE
- LIFE STYLE: HOUSE WIFE/ WORKING WOMEN
- DIETARY HABBITS: COFFEE AND TEA DRINKING
  VEGETARIAN/NON VEGETARIAN

- ADDICTION: ALCOHOLIC OR NON-ALCOHOLIC
  SMOKING/NO SMOKING
- PHYSICAL ACTIVITY :MILD/MODERATE
- OTHERS:

**HISTORY OF PRESENT ILLNES**:

- GLUCOSURIA
- POLYURIA
- POLYDYPSIA
- POLYPHAGIA.

**ON EXAMINATION:**

- BLOOD GLUCOSE

- LIPID PROFILE- SERUM CHOLESTEROL
  -SERUM TRIGLYCERIDES.
  -VLDL
  -LDL
  -HDL

**PAST HISTORY**:

MEDICAL: HTN/ DM/GDM/TB/ASTHMA/EPILEPSY/
RENAL FAILURE/ DRUG ALLERGY

**FAMILY HISTORY**:

OBESITY/ HYPERTENSION / DIABETES MELLITUS / CONGENITAL ABNOMALITIES.

PERSONS AFFECTED IN THE FAMILY:

(MOTHER)

(FATHER)

**ANTHROPOMETRIC FINDINGS:**

- Waist circumference
- Hip circumference
- Waist/ hip ratio
- Mid arm circumference
- BMI